

3
DEBATE

ON

COMPULSORY VACCINATION

IN THE HOUSE OF COMMONS

ON

FRIDAY, MAY 13th, 1893.

PRINTED AT THE OFFICE OF
THE BRITISH MEDICAL ASSOCIATION, 429, STRAND, W.C.
1893.



DEBATE

ON

COMPULSORY VACCINATION

In the House of Commons on Friday, May 13, 1893.

MR. HOPWOOD rose to call attention to the law making vaccination compulsory, and to move that the law compelling vaccination of infants and young persons was unjustifiable, and ought to be repealed. He said that, in proposing the resolution, he had undertaken an important duty. He stood there as the mouthpiece, on this question, of the country whose voice with regard to it had not for many years found due expression in that House. The House of Commons in past times had been induced by promises which were unfulfilled, and by assertions the truth of which had never been established, to pass a compulsory Vaccination Act. His first proposition was that it was monstrous to enforce upon the people of the country compliance with a medical rite which was utterly useless as a safeguard against small-pox and which largely contributed to spread disease among the poorer classes of the population. Vaccination had first been introduced by Dr. Jenner, who had been voted £10,000 by that House for his supposed discovery, and who had guaranteed that vaccination would secure a complete immunity from small-pox. There could be no doubt that the public voice on this question was opposed to the fad which was supported by the majority of the medical profession. In the early part of the century the medical profession advocated inoculation, which was a way of communicating small-pox to people who otherwise would never have had the disease. Jenner's words were: "The human frame, when once it has felt the influence of the genuine cow-pox, is never afterwards at any period of its existence assailable by the small-pox." That was false, yet it was backed up by the *Times* and in a great degree by the Local Government Board, which had a special vaccination department. The body of men who filled that department were bound, by their self-interest, to maintain the present state of things. Well, they received £9,000 a year for their services. Sir John Simon in 1871 had expressed strong views as to the infallibility of vaccination, but when he was examined recently before the Royal Commission he was obliged to admit that a great deal of what he said in 1871 was rhetorical. The *Times* also stated that "no one need have small-pox unless he or she pleases." That was as false as it

could be. Editors of journals ought not to propound such statements, which were indefensible. The fulfilment of the false prophecies presented a perfect charnel-house of vaccinated persons who had died from small-pox. The profession had departed from their original statements, and said that revaccination might be necessary or desirable. But there was no obligation upon anyone to be revaccinated. Convulsions and erysipelas were convenient causes to assign in registering the deaths of infants who died from the effects of vaccination. Erysipelas was a most common sequela of vaccination. He enumerated a number of cases of small-pox which had occurred in different parts of England, as also in foreign countries, with the object of showing that vaccination had failed as an effective protection. In June, 1883, when Mr. Peter Taylor brought forward a similar motion to his own, only sixteen hon. members voted for it, but he thought the supporters of the proposal would be more numerous that night. Where could they go for evidence of the protection which medical men alleged that vaccination afforded? That evidence failed at every stage. Cities where the people had been vaccinated were ravaged with small-pox, and the small-pox hospitals were filled with vaccinated cases. He paid a tribute to those medical men, and they were not a few, who, knowing well that to stand forth and profess a want of belief in this extraordinary fetish, was to doom themselves to ostracism, yet had spoken out. With regard to the Royal Commission, he said a year would elapse before it made its report. There was one reason why they should not accept with submission all that that Commission said. Not a single antivaccinator had been put upon it, though the people whose fears were to be allayed and whose claims were to be heard were those who had remonstrated on the ground of their disbelief in vaccination. The names of several antivaccinators were put before Mr. Ritchie, but, acting on the advice of his medical department, he declined to place any of them on the Commission. The practice of vaccination, he said, varied, and medical men might vaccinate in any number of marks. The Local Government Board paid premiums to the medical profession, not for care shown in the vaccination of unhappy infants, but for the cruel "stars" produced in their arms. Humanised lymph might be used—arm-to-arm vaccination it was called—and in that way it was admitted that the ghastly risk of receiving disease was incurred. The Local Government Board circulated leaflets which were headed, "Facts concerning vaccination for the heads of families;" and by these leaflets the most monstrous stories were still conveyed to the public. It was stated, as to the alleged injury from vaccination, that all competent authorities were agreed that, with due care, no injurious effects need appear; and it was added, "the fear that a foul disease may be implanted by it is unfounded." That was a direct falsehood; it was admitted that such a fear was not unfounded. It was further stated that mischief could result only from carelessness; that as medical men received special training, no risk need now be apprehended, and that the alleged injury arising from vaccination was disproved by all medical experience. This was not so, and therefore these official statements were falsehoods. The examiners of lymph who were examined by the Royal Commission admitted that they were quite unable to distinguish between pure lymph and that which might contain the

germs of disease. He begged his friends to believe that, if he left his case at this stage unfinished, it was but a fragment of that which he could place before them ; but it was impossible, before what he would be excused for calling an uneducated audience in these matters, to compress into an hour and a quarter's speech all the evidence and the knowledge which had been accumulated in the course of ten or twelve years. He was content to leave it to the House under these circumstances. Meantime the system he had declaimed against went on ; its martyrs were renewed from year to year ; and he asked the House, in defence of the little ones, and in defence of the best interests of medical science, to release the medical profession from the trammels of a law which stereotyped a remedy which was no remedy, which bound hundreds and thousands of its members in the bonds of self-interest to be content with that which had fallen to their lot, and muzzled or dulled their capacity for investigation. He concluded by moving the resolution which stood in his name.

Mr. A. O'CONNOR, in rising to second the motion, said that when his hon. and learned friend paid him the compliment of asking him to second the motion, as he shared his friend's views to the full, he felt that he could not refuse. But had Mr. Hopwood consulted him before putting his resolution on the paper, he would have asked whether it was opportune, seeing that a Royal Commission was sitting, inquiring into the whole question, that the Commission had not moved in what his hon. friend would consider a wrong direction, that the Government had shown a readiness to fall in with the recommendations of the Commission, and, finally, that the House of Commons would be unwilling by a vote one way or another to another to anticipate the decision at which the Commission might arrive. For the same reasons it would be scarcely advisable for his hon. and learned friend to press his motion to a division. At the same time he would be glad personally if there was any prospect of securing an overwhelming and decisive majority in favour of the resolution. There was a great deal to be said for the resolution, and very little for the existing law. The law appeared to him to be unreasonable, unequal, cruel, and therefore unjust and inexpedient. It was unreasonable, because at the best it was founded on mere presumption. It must be admitted that vaccination was a cruel evil to a reluctant parent, and often a very cruel and loathsome injury to his child. Besides, the presumption was getting weaker and weaker every day. He had no hesitation in committing himself to the opinion that, in the midst of a small-pox epidemic, an unvaccinated person was at least just as safe as one who had been vaccinated. Having quoted statistics compiled by a German medical man to show that, in the small-pox epidemic in Germany in 1872-3, among a large number of cases that came under the observation of himself and his staff, a much larger number of vaccinated cases proved fatal than of unvaccinated cases. He said the law was unequal as well as unreasonable. It was unequal not only as between the rich and the poor, but as between different unions in the same county. And how was the law observed ? In Gloucester 79 per cent. of the population were defaulters under the vaccination laws, in Oldham 71 per cent., in Luton 64, in Northampton 63, in Halifax 60, in Eastbourne 54, and in Banbury 46 per cent. A great deal more than half the children in these towns were not vaccinated, and

though he could not say that these towns were entirely free from small-pox, yet he could say that they were more free than any other towns of similar size in the country. What was the case with regard to London, where 90 per cent. of the population were vaccinated?

The Secretary to the Local Government Board (Sir B. WALTER FOSTER, Derby, Ilkeston) said: From thirty-five years' experience as a practising physician, I have long been aware that the most difficult person to convince is the amateur doctor, and I am afraid the observation applies to other professions. I am sorry that the hon. and learned gentleman who introduced the motion has imputed interested motives in this matter to Government officials and to the medical profession. It must be manifest that the medical profession has much more to gain by epidemics of small-pox than by the small fees from vaccination, and the medical officers of the Local Government Board could certainly earn more in practice than they receive for their official work. I must warn the House against accepting some of the statistics brought forward by the seconder of the motion. The figures of one authority (Dr. Keller) were thoroughly exposed in 1887 by Herr Körösi, who found that Dr. Keller had falsified the returns in favour of the antivaccination side. Figures were discovered to have been altered, such as 68 to 38; and a Medical Committee, which also investigated the figures of Dr. Keller for the International Medical Congress held at Washington in 1887, arrived at the conclusion that they had been falsified in such a manner as to raise the mortality from small-pox amongst the vaccinated, while that of the unvaccinated was lessened.

Mr. HOPWOOD wished to know whether the hon. gentleman was aware that Körösi had himself been shown up?¹

Mr. A. O'CONNOR said he was not aware of any alleged exposure of Dr. Keller.

Sir W. FOSTER: I fear that when doctors disagree charges are sometimes hurled back from one to another. I regard the motion as inopportune, inconvenient, and injudicious. The late Government appointed a Royal Commission, on which they placed the ablest men they could obtain to investigate this question. That Commission has displayed, during the four years it has been sitting, the greatest patience. It has devoted two years to hearing the antivaccination side, and has now approached within measurable distance of the time when it may report. At such a time a resolution which directly attacks one of the main references of the Commission is inopportune, as it is evidently premature to express an opinion before there is an opportunity of considering the evidence and the report of the Commissioners. It is inconvenient because many members are pledged to await the report of the Royal Commission. It is also injudicious, because whatever the hon. and learned gentleman gets from the resolution will do him very

¹ Körösi's exposure of Keller's falsifications of data supplied to the latter by the physicians of the Austrian State Railways has not been "shown up" as is suggested by Mr. Hopwood. On the contrary, the exposure has, as Sir W. Foster states, been verified in 1887 by a Committee of the Medical Congress at Washington. But perhaps Mr. Hopwood was referring to discovery by an antivaccination journal that Körösi, commenting, in his pamphlet (1890) respecting vaccination statistics, on English (not on German) data, has confused England with London, and deaths with death-rates, though in the same work he has given correctly enough the facts which he misquotes.—[Ed. B. M. J.]

little good in the face of the report of the Commission. He has entered on an unprofitable task, and it is injudicious on his part to challenge the vote of the House at the present time. Another point is that the Government are acting in perfect good faith in the matter, for they have recognised and promised to act on the report of the Commission as regards repeated penalties. Well, Sir, I think my hon. friend would be better advised if he waited for the final report of the Royal Commission. I do not myself believe in unwise compulsion. There is no heresy so foolish that it can not be made important by persecution. In the present case a few martyrs to repeated penalties are sufficient to keep going the agitation against vaccination. I do not accept the hon. member's conclusions in reference to the usefulness of this particular remedy. I regard it as useful in the prevention of disease, and I am bound, on three or four grounds, to defend the action of the department I represent in reference to it. In the first place, I defend vaccination because I believe it is a great means of saving life. I would ask the attention of the House to a few figures in connection with this contention. We have means of obtaining a fair and approximate knowledge of the ravages of small-pox before vaccination was invented and practised. It is calculated that before the use of vaccine, small-pox killed in London about 3,000 per 1,000,000 per annum of living people. That is the estimate of statisticians who have no interest to serve by misrepresentation, and it is similar to estimates made in foreign countries.

Mr. PICTON (Leicester): Will the hon. gentleman tell us on what he bases these figures?

Sir W. FOSTER: They are based on the estimated population of London and on the bills of mortality.² The hon. gentleman can, of course, say this is only an estimate, but I will give other figures which cannot be questioned in the same manner. Well, 3,000 per 1,000,000 was the estimated death-rate from small-pox in London before the use of vaccination, and the rate had fallen between 1872 and 1890 to 178 per 1,000,000. That is an enormous decrease. In England generally, putting the estimate much lower than many statisticians put it, it is calculated that the deaths from small-pox were 2,000³ per 1,000,000 before the days of vaccination, whilst between 1872 to 1890 they had fallen to 90 per 1,000,000. These comparisons are open to the objection that the death-rate before 1838, when the registration of deaths was taken up, may be wrong. I will, therefore, go to a country where there has been registration of deaths both before and after vaccination came into use, namely, Sweden. If Englishmen are liable to small-pox, Swedes may be supposed to be not less liable. Registration has been in force in Sweden since 1749. In the prevaccination days (1774—1800)⁴ the Swedish death-rate from small-pox was 2,008 per 1,000,000 of living persons, whilst since vaccination the average during the

² The 3,000 is an estimate arrived at independently by Dr. Lettsom and Dr. Greenhow. Dr. Farr regarded the London small-pox death rate in the 18th century, antecedent to 1780, as having been far higher than this; namely, 4,000 to 5,000 per million living.—[ED. B. M. J.]

³ Dr. Lettsom assumed that in prevaccination days small-pox prevailed equally in London and the provinces. Dr. McVail has adduced facts (Vaccination Vindicated, pp. 154—5) suggestive that the small-pox death-rate for the country at large may have been much higher than 2,000 per million living.—[ED. B. M. J.]

⁴ From 1749 to 1773 measles was not separated from small-pox in Swedish statistics.—[ED. B. M. J.]

last 70 years has been 173 per 1,000,000. In Copenhagen, where they have known the number of the population and the deaths from small-pox since 1750, the death-rate from small-pox was, in the second half of the 18th century, 3128 per 1,000,000 before vaccination was used, whilst from 1810—1872 it has been on the average 130 per 1,000,000. You may read these figures in another fashion. In London 1 person dies now for every 17 who died before the use of vaccination; in England 1 dies from small-pox for every 20 who died formerly, in Sweden 1 for every 12, and in Copenhagen 1 for every 24 (see Table I). The figures, I have, also refer to epidemics of small-pox at different periods. Epidemics have been defined by a very high medical authority as a condition of things in which 10 per cent. of all the deaths are due to a particular disease. Taking that as the definition, during 48 years of the 17th century there were in London 10 such epidemics; in the 18th century there were 32 such epidemics; whilst in the 19th century there has not been one. I think that is a complete answer to the allegations respecting the epidemic diffusion of small-pox in the present day. The decline in the death-rate has also had a curious relation to the progress of vaccination. The more completely vaccination has been enforced, the greater has been the decline in the small-pox death-rate. According to the Registrar-General's returns (see Table II), during the years 1847-53, when vaccination was merely permissive, the total number of deaths in England from small-pox was 305 per 1,000,000 of living persons. During the next series of years, from 1854 to 1871, when vaccination was obligatory but not efficiently enforced, the death-rate fell to 223 per 1,000,000. Between 1871 and 1891, while vaccination has been obligatory and efficiently enforced by vaccination officers, the death-rate fell to 89 per 1,000,000. Thus, as I have said, there is a progressive decline of small-pox as vaccination is more and more enforced. That decline has occurred in spite of conditions which are above all likely to make a disease like small-pox more and more common. Small-pox most probably spreads through the atmosphere, and is certainly communicated by persons being brought into proximity with those who suffer from it. We have gathered together in this city at the present time such a mass of people as the world has never seen gathered together in a single spot before, whilst the communication that takes place between them is vastly greater than was the case in olden times. Therefore, if the same condition of things existed, we might expect an infinitely greater mortality from small-pox now than we had in prevaccination years. It may be said that sanitation has improved, and I admit that it has; but I say that sanitation has had nothing, or comparatively little, to do with the matter. If hon. gentlemen will be patient I will give them figures which, I think, will show that such is the case. Before, however, I pass away from the present point, I want to point out that the small-pox mortality has decreased amongst certain portions of the population more than amongst others. The motion deals specially with infants and young persons. Amongst infants under 5 years old the decline in 1872-91 as compared with 1847-53 is no less than 89 per cent., whilst among children between the ages of 5 and 10 it is no less than 72 per cent. (see Table IV.) The decrease of deaths, therefore, is greatest amongst those who have been most recently vaccinated, although, before the days of vaccination, according to calculations based on some

150,000 cases, 90 per cent. of the total number of deaths from small-pox were those of children under 5 years of age (see Table III). There is another point. In very recent times we have had an experience of a serious epidemic of small-pox in the town of Sheffield. I admit that that was a serious epidemic in a vaccinated population. A great many figures have been brought out this evening showing the number of people who were vaccinated and yet suffered from small-pox. But, of course, if you have 95 or 98 per cent. of your people vaccinated, and there is an epidemic, the larger number of those who take the disease must be vaccinated persons. Well, I find, on the basis of Dr. Barry's census at Sheffield, that if the vaccinated children there under 10 had died at the same rate as the unvaccinated, there would have been, judging by the behaviour of unvaccinated under 10, instead of nine deaths of vaccinated children, no fewer than 4,400 such deaths. In other words, the unvaccinated children under 10 in Sheffield had a small-pox death-rate 480 times greater than the vaccinated children.

Mr. HOPWOOD: Will the hon. gentleman allow me to ask him whether the gentleman from whom he gets these figures admitted before the Commission that there was a defect in his calculation? Had he not taken the vaccination census nearly a year afterwards, and after a considerable amount of vaccination had taken place?

Colonel HOWARD VINCENT (Sheffield, Central): Before the hon. gentleman answers, may I ask him whether it is not a fact that no revaccinated person in Sheffield died during the epidemic?

Sir W. FOSTER: I am not quite sure about the point put to me by the hon. member for Sheffield, and I hope my hon. friend (Mr. Hopwood) will excuse me if I do not answer his question, as I do not recollect whether any such admission was made. I have every confidence, however, that the gentleman referred to took every care in the preparation of his statistics. I know the statement is not absolutely true in the form in which my hon. friend puts it.

Mr. HOPWOOD: I assure you it is.

Sir W. FOSTER: It may be partly true.⁶ However, if my hon. friend objects to these figures, there are others which are sufficiently conclusive. We may put Sheffield aside for a moment, and take England and Wales during the years between 1872 and 1891. If we examine the figures respecting the vaccinated and the unvaccinated collectively while compulsory vaccination has been in force, and compare them with a period when vaccination was permissive only, we find that there has been an enormous saving of life. If between 1872 and 1891 people of all ages had died of small-pox at the same rate as they died of that disease between 1847 and 1853 (when there was no compulsory vaccination), there would have occurred annually above 7,900 deaths from small-pox instead of 2,316. In other words, over 5,600 lives have been saved from small-pox on the average every year. If between 1872 and 1891

⁶ It is only true in the sense that Dr. Barry agreed that at the commencement of the epidemic in Sheffield there was a somewhat larger proportion of the population unvaccinated than at its close. Dr. Barry did not admit (as he was invited to do) that the 2 per cent. of the population found unvaccinated by him at his census had been originally (before commencement of the epidemic) of so much larger dimensions as seriously to alter the figures he had submitted as to disproportionate incidence of small-pox on the unvaccinated class.—[ED. B. M. J.]

children under 5 years of age had died of small-pox at the same rate as they died of the disease in 1847-53, when there was no compulsory vaccination, there would have occurred annually 5,400 small-pox deaths amongst these children, instead of 591. Thus every year the enormous number of over 4,800 young lives have been saved from this disease. I do not want to dwell longer than I can help on this particular portion of the case. I think the figures I have given show that there is a considerable saving of life by vaccination in connection with small-pox. Next, I say that small-pox is lessened in severity by the use of vaccination. Small-pox occurs in different forms. I will not use the scientific terms, but will simply speak of mild and severe attacks. In the Sheffield epidemic of 1887-88 I find that, among persons treated in hospital, 17.2 per cent. of the cases were severe amongst the vaccinated persons, whilst amongst the unvaccinated persons the percentage of severe cases was 81; the chances of a bad attack amongst the unvaccinated as compared with the vaccinated being nearly 5 to 1. Amongst children under 10 years of age the percentage of severe cases was 9 in the vaccinated and 78 in the unvaccinated, the chances of a bad attack being thus 8 to 1 amongst the unvaccinated as compared with the vaccinated. In Leicester, which is a town in which the antivaccination movement flourishes, they recently had 146 cases of small-pox, and I congratulate Leicester on having escaped so lightly and on the vigour with which the authorities carried out their isolation system. I have always watched their system with the greatest interest, because I should be glad of having two methods instead of one of stamping out small-pox. Eighty-nine adults were attacked, 82 of whom were vaccinated. Of the 82 cases only 6, or 7 per cent. of the whole, were severe. Seven unvaccinated adults were attacked, and all these cases, or 100 per cent., were severe. Of the children attacked, 50 were unvaccinated, as against 7 who were vaccinated; 44, or 88 per cent. of the unvaccinated had severe attacks, while all the 7 vaccinated children had mild attacks, 5 of the cases being absolutely abortive, the patients only having a few pocks. A similar state of things is witnessed at the present time in Manchester. There have been over 500 cases; 21 per cent. of those vaccinated have been severely attacked, and 68 per cent. of the unvaccinated; while $5\frac{1}{2}$ per cent. of the vaccinated, and 19 per cent. of the unvaccinated, have died. There is another interesting way of showing the influence of vaccination in lessening the severity of attacks. Some years ago an inquiry was made respecting children in national and other schools in London, and over 53,000 children were examined. The examination was made with the view of finding out how many of them were pitted with small-pox, pitting indicating a comparatively severe attack. It was found that 360 per 1,000 of the children who were unvaccinated were pitted; that 7 per 1,000 of those with defective marks, showing bad vaccination, were pitted, and that less than 2 per 1,000 of those with typical marks were pitted. These are very remarkable figures as showing how the fair skins and faces of these little ones are saved from disfigurement and mutilation by this beneficent method of treatment. I now pass to the question of the use of vaccination in protecting people from attacks of small-pox. The protective qualities of vaccination are, I think, undoubted. We do not for a moment deny that small-

pox may attack a vaccinated person, or affirm that a single vaccination is protective against fatal attack during the whole of a life. As regards death, I find that the percentage of children under 5 years of age who die from small-pox now, as compared with the times when vaccination was not enforced, has declined 89 per cent., whilst in the case of children under 10 years of age it has declined 72 per cent. (see Table IV.) I think these figures show that, at all events, the protection extends over ten years. As regards attack, a special investigation was made at Sheffield on this point. A certain number of houses were taken in which small-pox occurred among some of the inhabitants, and it was found that between 18,000 and 19,000 persons lived in such houses. Of these persons 18,020 were vaccinated, and 736 unvaccinated. They were all living under the same sanitary conditions. Of the 18,020 persons vaccinated, 4,151, or 23 per cent., caught the disease, whilst of the 736 unvaccinated persons, 502, or 75 per cent., caught it. Thus, the unvaccinated were attacked a little more than three times as frequently as the vaccinated. Taking the whole of Sheffield, which has 98 per cent. of its population vaccinated, I find that $1\frac{1}{2}$ per cent. of the vaccinated of all ages, and 9.7 per cent. of the unvaccinated, were attacked by the disease. There was a six-fold immunity from attack on the part of the vaccinated of all ages, and a twenty-fold immunity amongst vaccinated children under 10. I do not think you can have figures that are more conclusive.

Mr. PICTON: They are disputed.⁷

Sir W. FOSTER: Well, a very good test on this point is afforded by the case of those who spend more or less of their time in small-pox hospitals—I mean the nurses and attendants. The figures I can give with regard to them are exceedingly interesting, and I do not think hon. members will be inclined to dispute them as they dispute the last I have given. I find that of 734 nurses and attendants at the Metropolitan Asylums Board hospitals 79 had had small-pox. Of the remaining 655, 645 had been revaccinated, and of these not one contracted small-pox, whilst every one of the remaining 10 have been attacked by it. The 10 performed the same duties, and were under exactly the same sanitary conditions as the 645. I think these figures are conclusive as regards the preventive properties of vaccination, and also as regards the sanitation argument. There are more striking figures still. At Newcastle-upon-Tyne 14 nurses were in attendance on cases of typhus fever, 9 were attacked with typhus and 2 died. Sanitation did not seem to help them much. The nurses attending the small-pox hospital were all revaccinated, except one, who had recently had small-pox. Not one of them contracted small-pox, but one did contract typhus. Thus in 2 pavilions of the same hospital at Newcastle, with 2 sets of nurses under the same conditions, the one set suffered badly from typhus, while the other escaped small-pox by aid of vaccination. At Leicester, at the present time, the same kind of thing is going on; 22 of the attendants were either revaccinated or protected by having had small-pox, and not one of them has been attacked; 6 refused to be revaccinated, and of these 4 have been attacked⁸ and 1 has died. I think, therefore, the figures

⁷ See preceding footnote.

⁸ The Medical Officer of Health of Leicester has recently announced that since the date of his report of these facts, another (the fifth) of these six unrevaccinated attendants has been attacked by small-pox.—[Ed. B. M. J.]

show very closely and conclusively that vaccination, at all events, has a protective power. I could give other figures that are almost equally conclusive. In the case of a small-pox hospital ship, where possibly contact is even closer than in a London hospital, 90 nurses and attendants were employed, and they all escaped except one housemaid, who had not been revaccinated. There are other indications of the protective power of vaccination. Taking some figures given by Dr. Gayton, we find that the protection afforded varies with the effectiveness of the vaccination. Amongst children under 5 there were no deaths in cases where the vaccination marks were good, whilst the deaths per 100 attacks were 56.5 where the children were not vaccinated. Amongst children of between 5 and 10 the deaths were 0.9 per 100 attacks where the marks were good, and 35 per 100 where there were no marks; whilst among children of between 10 and 15 the deaths were 1.1 per 100 where the marks were good, and 23 per 100 where there were no marks. I agree with every word my hon. friend has said about the horror of the communication of foul diseases through vaccination. If the risk of the communication of disease were a substantial one, a case is at once made out, not only for inquiry, but for an alteration of the law. My hon. friend said a certain number of cases of that kind occurred. The figures on the point are more or less interesting, and meet the apprehensions he has expressed. The disease that is specially dreaded as a consequence of vaccination is syphilis. What are the facts? I find that in Scotland, where children are not vaccinated till they are 6 months old, 65 per cent. of the total deaths from syphilis take place before the age at which vaccination becomes compulsory, and that in the second half of the first year of life, when infants in the main are vaccinated, they fall to 11.6, less than one-fifth of the pre-vaccination half-year. In England, where for the most part children become due for vaccination at the age of 3 months, the same figures hold good. In both countries some 65 per cent. of the deaths occur before six months of age, and only about 11 per cent. in the second half of the first year of life. The increase shown in recent years in the prevalence of infantile syphilis is a matter, we think, of improved diagnosis. At Leicester infantile vaccination has been for a long time in abeyance; and if syphilis and vaccination were at all associated, we should expect to find in that town a lower syphilitic death-rate among children than elsewhere; but, as a matter of fact, we find that in England and Wales generally the syphilitic death-rate among infants has gone up in the last twenty years some 25 per cent., but has gone up still more, namely, 69 per cent. in Leicester.

Mr. PICTON: Is that on a comparison with a town population or with the whole population of the country?

Sir W. FOSTER: It is on a comparison with the population of the whole of England and Wales—not with the urban populations.⁹ Mr. Hutchinson's experience in that respect is entirely confirmatory of that of the Local Government Board, and it remains true to this day that, although 750,000 children are annually vaccinated, no case of unquestionable communica-

⁹ The question is: Given an increasing death-rate from syphilis among infants in the country generally, has the withholding in a particular town of babies from vaccination any effect in arresting increase of the local infantile syphilis death-rate? As regards Leicester, it appears that neglect of infant vaccination has not had any such effect.—[ED. B. M. J.]

tion of syphilis to an infant has come under the observation of the Board. Another disease which is said to be communicated by vaccination is erysipelas. What do we find in reference to that disease? Why, that in the last twenty years the infantile mortality from erysipelas of infants has gone down in the country generally 17 per cent.; but in Leicester, where there is little infantile vaccination, the disease has increased 41 per cent. It is calculated as regards deaths that only 1 death from primary vaccination occurs in infants in 14,159 operations. What is the alternative? If compulsory vaccination is done away with, 4 out of 5 children under 5 years of age in houses invaded by small-pox—according to the Sheffield statistics—will catch small-pox, and 2 out of the 5 will die. On account of a dread of the communication of disease—a dread which may be lessened by the introduction of improved methods—we ought not, in my opinion, to relax our faith in the use of this great preventive of small-pox. With reference to the interference with the liberty of the subject, I do not think it necessary to say much; but this I will say, that I believe that in the complexity of our social conditions we are bound to do more and more in that direction, when it is for the good of others. The only justification for interfering with the liberty of the subject is when it is for the good of others. Thus we vaccinate children to protect the population amongst whom we live. Personal experience is another test, and from my own personal experience of three severe epidemics of small-pox, I can assure the House that it is the greatest possible relief, when in charge of a small-pox hospital, to see the vaccination marks of a person attacked well defined. We know then that there is a hope of saving the life of the patient. Dr. Russell, of Glasgow, has written words corroborating this. Finally, let me say that the care of the public health is the highest duty of the State; and with the advance of civilisation and the increased complexity of our social conditions, the care of health is less and less within the control of the individual, and he must rely more and more upon State guidance and State aid. Holding these views, we must try to exercise them for the greatest good of the greatest number. To accede to the motion would be hurtful to the public health, retrograde in policy, and it would be injurious by multiplying enormously the baleful and fatal influences of a disease which is at once loathsome, disfiguring, and destructive.

Mr. HUDSON said he had passed through an epidemic of small-pox in Montreal, where 2,800 deaths occurred in six or eight weeks. The dead among the English part of the population amounted to only 13 per cent., and after the French took to being vaccinated the number of deaths among them also diminished. In many cases a great deal of harm had been done with human lymph, and he thought the Government ought to adopt the American plan of keeping a farm, where medical men could always rely on obtaining fresh lymph from the cows. There was in the *Times* of that day a letter from the highest authority in England, the Royal College of Surgeons, in which they advocated the benefits of vaccination. He was connected with two hospitals, and he had often asked the staffs of those hospitals their opinion on the subject, and they always maintained that vaccination was of the greatest possible use. He would only add that, in his opinion, vaccination ought to take place every seven years.

Dr. CLARK said that while listening to the Secretary of the

Local Government Board he came to the conclusion that nothing was more misleading than statistics. He should vote for the motion because he thought it was just as reasonable for the State to compel the baptism of a child as to compel its vaccination. To be logical, at all events, they should compel vaccination every seven years. In the epidemic of 1871, of the number of patients admitted to hospital, 91 per cent. were vaccinated; and in 1881, 96 per cent. There had been three epidemics of small-pox during the last thirty or forty years. In that which prevailed from 1857 to 1859 there were 14,000 deaths; in that of 1863-64-65 there were 20,000 deaths. While the population had increased 7 per cent., the deaths from small-pox had increased by 50 per cent. In the epidemic of 1870-71-72 the number of deaths again increased by 12 per cent. The hon. and learned gentleman then quoted statistics derived from Indian and German sources for the purpose of establishing the proposition that vaccination afforded no real protection against small-pox. He contended that the law, as it stood upon this subject, was founded upon a mere presumption. The fact that so many persons were vaccinated was a proof of the weakness of human nature and the proneness of people to follow their leaders rather than an indication of a real belief in the efficacy of vaccination. He had much pleasure in supporting the motion of his hon. and learned friend.

Dr. FARQUHARSON said that, as a medical man, he had given considerable attention to the question, and he was perfectly satisfied with the speech of the Secretary of the Local Government Board, who had put the case with clearness, fairness, and truth.

The House divided, and the numbers were

For the resolution	...	...	...	70
Against	...	...	...	136
Majority against	...	...	—	66

TABLE I.—*Deaths per Million Living from Small-pox.*

Town or Country.	London.	England.	Scotland.	Sweden.	Copenhagen.
Periods before Vaccination.	Last Century	Last Century.	Last Century.	Average of rates.	Average of rates.
	(Lettsom and Greenhow)	2,000 or more. ²		1774—1800.	1751—1800.
	3,000 ¹			2,008.	3,128.
Vaccination optional.	Average of annual rates.	Average of annual rates.	Average of annual rates.	1800—1815.	1801—1810.
	1838—1853.	1838—1853.	1855—1864.	631	660
	514	417	340		
Vaccination obligatory.	1854—1871.	1854—1871.			
	388	154			
			1864—1889.	1816—1885.	1810—1872.
			80	173	130
	1872—1890.	1872—1890.			
	178	90			

London death-rate, 1 dies now for 17 before vaccination.

England, 1 dies now for 20 before vaccination.

Scotland, 1 dies now for 25 before vaccination.

Sweden, 1 dies now for about 12 before vaccination.

Copenhagen, 1 dies now for 24 before vaccination.

¹ Probably an understatement. See footnote 2 to p. 5.

² Data do not exist as to small-pox mortality in prevaccination days for each country as a whole. But from facts recorded respecting certain towns and villages last century, local annual small-pox death-rates of 3,000 to 4,000 or more per million were seemingly not uncommon; while in epidemic years rates of 15,000 to 50,000 per million appear to have been sometimes suffered. In assuming, therefore, that in prevaccination days England and Scotland had no more small-pox than Sweden, the rates of these countries are probably underestimated.—[ED. B. M. J.]

TABLE II.—ENGLAND AND WALES.

Mean Annual Deaths from Small-Pox at Successive Life Periods per Million Living at each such Life Period, 1847-53, 1854-71, and 1872-91.

Period.	All Ages.	0-5	5-10	10-15	15-25	25-45	45 and upwards.
1. Vaccination optional 1847-53 ³	305	1,617	337	94	109	66	22
2. Vaccination obligatory but not efficiently enforced 1854-71.....	223	817	243	88	163	131	52
3. Vaccination obligatory but more efficiently enforced by vaccination officers 1872-91	89	177	95	54	97	86	38

³ In this table the period of optional vaccination begins with 1847, not with 1838, because the deaths were not abstracted in combination with ages until 1847.—[ED. B. M. J.]

TABLE III.—*Share of Small-pox Death borne by Children in Pre-vaccination Days.*

In Geneva small-pox deaths at 0-5 years were 88% of total small-pox deaths

„ Berlin	99	„	„	„
„ The Hague	81	„	„	„
„ Sweden	81	„	„	„
„ Edinburgh	94	„	„	„
„ Kilmarnock	90	„	„	„
„ Pudsey	91	„	„	„
„ Manchester... ..	94	„	„	„
„ Chester	89	„	„	„
„ Warrington... ..	94	„	„	„

That is, of every 100 deaths from small-pox at all ages, 90 were infants under 5 years of age.

TABLE IV

Is based on Table II; the Rates for 1847-53 being represented in each instance by 100.

—	—	Representing Persons Born under the Act of 1871.			Representing Persons Born before the Act of 1871.	Represent- ing Per- sons Born before 1867.	Represent- ing Per- sons Born before 1853.
Periods.	All Ages.	0-5	5-10	10-15	15-25	25-45	45+
1847-53	100	100	100	100	100	100	100
1854-71	73	51	72	94	150	198	236
1872-91	29	11	28	57	89	130	173
Fall in 1872-91 as compared with 1847-53...	71%	89%	72%	43%	11%	—	—
Rise in 1872-91 as compared with 1847-53...	—	—	—	—	—	30%	73%

DIVISION.

Supply,—Order of Committee read; Motion made and question proposed, "That Mr. Speaker do now leave the Chair:"—Amendment proposed, to leave out from the word "That," to the end of the question, in order to add the words "the law compelling vaccination of infants and young persons is unjustifiable, and ought to be repealed,"—(Mr. Hopwood)—instead thereof:—Question put, "that the words proposed to be left out stand part of the question:"—The House divided: Ayes 136, Noes 70.

AYES.

Agg-Gardner, J. T.	Fox, Dr. J. F.	Morley, Right Hon. A., Notts
Allison, R. A.	Gladstone, H. J., Leeds	Mount, W. G.
Asher, A.	Goldsmid, Sir J.	Murray, Col. W., Bath
Austin, M., Limerick, W.	Goldsworthy, Maj.-Gen.	Naoroji, D.
Balfour, Right Hon. J.	Gorst, Right Hon. Sir J. E.	Northcote, Hon. Sir H. S.
Blair, Clackm.	Gower, G. G. L.	O'Brien, P. J., Tipperary
Banbury, F. G.	Grey, Sir E.	O'Connor, T. P., L'pool
Barrow, R. V.	Halsey, T. F.	O'Keeffe, F. A.
Barry, E., Cork, S.	Hammond, J., Carlow	Pearson, Sir C. J.
Bass, H.	Hardy, L., Kent	Powell, Sir F. S.
Beach, Right Hon. Sir M. H., Bristol	Hayne, Right Hon. C. S.	Price, R. J., Norfolk, E.
Benson, G. R.	Healy, T. J., Wexford	Provand, A. D.
Bentinck, W. G. C.	Herbert, Hon. S.	Rathbone, W.
Bethell, Commander	Hickman, Sir A.	Rees-Davies, W.
Bodkin, M. M.	Hoare, E. B., Hampstead	Renshaw, C. B.
Bonsor, H. C. O.	Hogan, J. F.	Reynolds, W. J.
Broad, H. E.	Johnston, W., Belfast	Koby, H. J.
Brookfield, A. M.	Johnstone, J. H., Sussex	Rollit, Sir A. K.
Brown, A. H.	Jordan, J.	Russell, T. W., Tyrone
Brymer, W. E.	Kennaway, Sir J. H.	Scoble, Sir A. R.
Burginley, Lord	Kennedy, P. J.	Seeley, Colonel C.
Cameron, C.	Kenny, M. J., Tyrone	Sexton, T.
Carvill, P. G. H.	Kenny, W., Dublin, St. Stephen's Green	Shaw, C. E., Stafford
Chance, F. A.	Knowles, L.	Shaw, W. R., Halifax
Cochrane, Hon. T. H. A. E.	Lawrence, W. F.	Sheehan, J. D.
Cohen, B. L.	Lawson, J. G., Yorks.	Sidebotham, J. W., Cheshire
Collery, B.	Lea, Sir T., London- derry	Smith, A., Herts
Colston, C. E. H. A.	Lechmere, Sir E. A. H.	Smith, A. H., Christch.
Corbett, A. C.	Lennox, Right Hon. Lord W. C. G.	Smith, H., Falkirk
Cornwallis, F. S. W.	Lewis, J. H., Flint	Stanley, E. J., Somerset
Dane, R. M.	Long, W.	Sturt, Hon. H. N.
Darwin, Major L.	Lopes, H. Y. B.	Sullivan, D., Westmeath
Deasy, J.	Lowther, J. W., Cum- berland	Talbot, J. G.
Dillon, J.	Macdona, J. C.	Taylor, F.
Dyke, Right Hon. Sir W. H.	MacGregor, Dr. D.	Temple, Sir R.
Ellis, J. E., Notts.	MacNeill, J. G. S.	Theobald, J.
Ellis, T. E., Merionethsh.	M'Arthur, W.	Tuite, J.
Evans, S. T., Glamorgan.	M'Donnell, Dr. M. A., Queen's County	Vincent, Col. C. E. H.
Fergusson, Right Hon. Sir J., Manchester	M'Lagan, P.	Walrond, Sir W. H.
Field, W., Dublin	Maguire, R.	Warner, T. C. T.
Finch, G. H.	Mandeville, J. F.	Whitbread, S. H., S. Beds.
Finucane, J.	Marjoribanks, Right Hon. E.	Whitelaw, W., Perth
Forster, H. W.	Morgan, Hon. F., Mon- mouthshire	Wickham, W.
Foster, Sir W., Derby County		Wilson, J., Lanark
Fowler, Right Hon. H. H., Wolverhampton		Wilson-Todd, W. H., Yorks.
Fowler, M., Durham		Wodehouse, E. R.
		Wortley, C. B. S.
		Wroughton, P.

Tellers for the Ayes, Dr. Farquharson and Mr. Wharton.

NOES.

Abraham, W.	Fenwick, C., Northumb.	M'Laren, W. S. B., Che-
Allen, C. F. E., Pem-	Fenwick, H. T., Durham	shire
broke	Fry, T., Darlington	Maden, J. H.
Arch, J.	Frye, F. C., Kensing-	Manfield, M. P.
Bayley, T., Derbyshire	ton, N.	Molloy, B. C.
Beaufoy, M. H.	Gibney, J.	Moorson, J. M.
Benn, J. W.	Guthrie, D. C.	Morton, A. C., Peterboro'
Bennett, J.	Hardie, J. Keir-, West	Newdigate, F. A.
Bowles, T. G., King's	Ham, S.	Pease, J. A., Northumb.
Lynn	Healy, M., Cork	Pieton, J. A.
Bright, J., Manchester	Healy, T. M., N. Louth	Rasch, Major F. C.
Burnie, R. J. D.	Holden, A., Yorkshire	Robinson, T., Gloucester
Burns, J.	Holden, I., Keighley	Roe, T.
Burt, T.	Jacoby, J. A.	Russell, G. W. E., Beds.
Byles, W. P.	Joicey, J.	Shaw, T., Hawick B.
Channing, F. A.	Jones, Major E. R., Car-	Stanhope, Hon. P. J.,
Cheetham, J. M.	marthen	Burnley
Clark, Dr. G. B., Caith-	Labouchere, H.	Stewart, H., Lincolnsh.
ness-shire	Lawson, Sir W., Cum-	Storey, S.
Clough, W. O.	berland	Stuart, J., Shoreditch
Coleridge, Hon. B.	Leese, J. F.	Wallace, J. S., Limehouse
Colman, J. J.	Leigh, J., Stockport	Wedderburn, Sir W.
Conybeare, C. A. V.	Logan, J. W.	Whitehead, Sir J.
Crean, E.	Macdonald, J. A. M., Bow	Whittaker, T. P.
Crosfield, W.	M'Hugh, P. A., Leitrim	Williams, J. C., Notts.
Edwards, F.	M'Laren, C. B., Leices-	Wilson, H. J., York, W. R.
Everett, R. L.	tershire	

Tellers for the Noes, Mr. Hopwood and Mr. Arthur O'Connor.

Including tellers, the above minority of 72 was made up of 62 Liberals, 7 Nationalists, and 3 Conservatives. Among the Liberals were Mr. J. Burns, Mr. Keir-Hardie, and Mr. H. J. Wilson, and two members of the Government, namely, Mr. Burt, Parliamentary Secretary to the Board of Trade, and Mr. G. Russell, Under-Secretary for India, though these, of course, voted in their private and not their official capacity.

The absence will be noted of Mr. Gladstone, Mr. Mundella, Sir George Trevelyan, Mr. John Morley, Sir William Harcourt, Mr. Campbell-Bannerman, Mr. A. H. Acland, Mr. Woodall, Mr. J. Bryce, and Mr. Robertson.



